



# Michigan Association of Health Plans

## **Testimony in Support of HB 4369 House Health Policy Committee March 3, 2011**

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Good Morning Madam Chair and members of the committee. I am Christine Shearer, Director of Legislation of the Michigan Association of Health Plans. With me today is Keith Tarter, MD, Chief Medical Officer for CareSource Michigan.

MAHP represents 17 health plans caring for more than 2.8 million Michigan residents enrolled in Medicare, Commercial and Medicaid product lines.

We are here today to testify in support of HB 4369, which would enable all carriers providing service in Michigan access to the Michigan Automated Prescription System, MAPS. This access will be at the discretion of the DCH Director.

The mission of the members of MAHP is to improve the health status of their enrollees by providing quality, accessible and cost-effective health services. Opportunities for improved health are achieved through collaboration with our members, purchasers, providers, and community partners.

HB 4369 would allow the Medical Directors (licensed physicians) access to (MAPS) for the sole purpose of ensuring the safety of Health Plan enrollees and to meet the increasing fraud waste and abuse requirements including those from CMS and DCH.

Currently, only dispensing prescribers, pharmacists, veterinarians, and police have access to the MAPS system for their legitimate business purposes. MAPS currently allows these selected professionals to identify patients who may be “doctor shopping”, a popular practice where patients visit several different physicians asking for the same drug. They don’t inform the primary

prescribing physician that they received the same medication (usually a narcotic analgesic) from a different physician only days before. Some patients sell the medication, others are addicted.

**I will now hand it over to Dr. Tarter to provide examples of how access to MAPS could benefit the beneficiaries that they serve.**

The members of the Michigan Association of Health Plans understand the need to maintain confidentiality and they remain fully compliant with various HIPAA requirements, including maintaining business agreements with providers and other organizations to assure protection of personal information. Further, under federal regulations, (45 CFR 160.103), health plans are included in the definition of covered entity and are permitted access to protected information (45 CFR 160.502). Finally, all of our member plans are NCQA accredited and are required to provide additional compliance with regards to patient privacy.

Thank you for the opportunity to testify. We would be happy to answer any questions members may have.